



AHCOGS/RECEIVED
DIRECTOR'S OFFICE

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
REGION IX

01 OCT 24 PM 5:12

75 Hawthorne Street
Suite 408
San Francisco, CA 94105

OCT 18 2001

OCT 19 2001

Phyllis Biedess, Director
Arizona Health Care Cost Containment System
801 E. Jefferson
Phoenix, AZ 85034

Dear Ms. Biedess:

Enclosed is an approved copy of Arizona State plan amendment (SPA) 01-010, which reflects the recalculation of the Federal benefit rate and corresponding increase in the personal needs allowance for institutionalized individuals. I am approving this SPA with the requested effective date of July 1, 2001.

If you have any questions, please have your staff contact Ronald Reepen at (415) 744-3601.

Sincerely,

Karen Fuller for

Linda Minamoto
Associate Regional Administrator
Division of Medicaid

cc:

Joan Peterson, CMS, CMSO, FCHPG
Elliot Weisman, CMS, CMSO, PCPG (two copies)

*xc: Phyllis / Branch
Lynn
Original to Chair
xc: to file*

State: ARIZONA

Citation

Condition or Requirement

1924 of the Act

2.

The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

435.725

435.733

435.832

Personal Needs Allowance (PNA) of Not Less Than \$30 For Individuals and \$60 For Couples. For All Institutionalized Persons.

a. Aged, blind, disabled:

Individuals \$ 79.65

Couples \$ *

For the following persons with greater need:

Supplement 12a to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

b. AFDC related:

Children \$ 79.65

Adults \$ 79.65

For the following persons with greater need:

Supplement 12a to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

c. Individual under age 21 covered in the plan as specified in Item B. 7. of Attachment 2.2 -A.
\$ 79.65

* In Arizona, all applicants are treated as individuals. If two individuals are married, each would receive a Personal Needs Allowance of \$79.65.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

3. Supplemental Security Income:

Individual Federal Benefit Rate:	\$ 531
Couple Federal Benefit Rate:	\$ 796
300% Individual Federal Benefit Rate:	\$ 1,593

Revision: HCFA-PM-97-2
December 1997

SUPPLEMENT 12a TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-0673

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

Individuals who have received institutional services less than 30 days: \$1,593 (allowed by waiver)

Individuals receiving HCBS: \$1,593 (as allowed by 42 CFR 435.726 and the 1115 waiver which allows the State to provide HCBS to individuals whose income does not exceed 300% of SSI.)

Individuals who have received HCBS: \$1,593 (as allowed by 42 CFR 435.726 and the 1115 waiver which allows the State to provide HCBS to individuals whose income does not exceed 300% of SSI.)